DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: MAPLE CREST (0011297)

Address: 2831 MAPLE DRIVE, PLOVER, WI 54467

License Status: REGULAR

Licensed/Certified/Registered 07/01/2006

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

No survey activity during the period 06/01/2003 through 05/31/2006.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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P.O. Box 2969
Madison WI 53701-2969

Compl	laint	History

Date Complaint Received: 04/25/2006 Date Investigation Completed: 06/22/2006

Subject Area(s) Result SOD #

SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE
PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
NOT SUBSTANTIATED
NOT SUBSTANTIATED
MEDICATIONS
NOT SUBSTANTIATED
STAFF ADEQUACY
NOT SUBSTANTIATED
PROGRAM SERVICES
NOT SUBSTANTIATED

Date Complaint Received: 02/17/2006 Date Investigation Completed: 06/22/2006

Subject Area(s) Result SOD #

STAFF TRAINING AND PROFICIENCY NOT SUBSTANTIATED STAFF ADEQUACY NOT SUBSTANTIATED